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ABSTRACT

An exploratory research study was undertaken to determine the extent of drug abuse in three ethnic neighborhoods. The nature and scope of drug use among Italian and Polish Americans in three working class neighborhoods were examined in the light of the role class and cultural identity plays in the development and treatment of drug abuse. Results were based on existing data on drug arrests and on interviews. The organisational and clinical implications of the study suggest the importance of ethnic considerations as well as family and community involvement in prevention, intervention and treatment methods. (JCD)

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The National Center for Urban Ethnic Affairs
Washington, D.C.

DRUG ABUSE IN THREE ETHNIC NEIGHBORHOODS

AN EXPLORATORY STUDY OF DRUG USE IN ITALIAN AND POLISH-AMERICAN WORKING CLASS NEIGHBORHOODS

John A. Carlisi

The National Center for Urban Ethnic Affairs
Washington, D.C.

A Research Project Supported by the Drug Abuse Council
Washington, D.C.

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ACKNOWLEDGMENTS

The Drug Abuse Council and the National Center for Urban Ethnic Affairs (NCUEA) have undertaken this exploratory research in drug use among European-derived ethnic groups who have been largely ignored in the past by those responsible for urban policy formation concerning drug abuse prevention and treatment.

Emphasis has been placed on investigating the role of ethnic and class identity in the development and treatment of drug abuse. The work of the NCUEA with neighborhood organizations, primarily in the older industrial cities of the Midwest and Northeast, suggested that drug use was a significant problem among Euro-ethnics in these areas. Although the leadership and staff of the neighborhood organizations had indications of increasing drug use in their areas, no systematic data were available. Their efforts to obtain data on the prevalence of drug use from existing prevention, treatment, and research programs were futile. Questions arose as to whether adequate prevention and treatment was possible without considering the factors of class and ethnicity. As a result of their interactions with the existing treatment system, neighborhood leaders knew that those important considerations were absent from traditional approaches.

Additionally, at national and regional conferences, concern was consistently voiced regarding the apparent increase in rates of drug abuse among adolescents and young adults. Thus, NCUEA approached the Drug Abuse Council to undertake a pilot study to see if neighborhood concern was warranted.

In light of this situation, the Drug Abuse Council funded NCUEA to conduct a unique research effort to be undertaken by NCUEA staff with the ongoing support of the Council's staff. Of particular importance, the sample was to be recruited, and the survey implemented, by the local neighborhood organizations which selected and supervised local staff. Mr. Floyd H. Agostinelli, NCUEA, was Project Director and supervised the research in each of the three study cities. Dr. John Sessler of the Drug Abuse Council was Project Officer. Dr. Sessler and Dr. Jane Silver, also of the Council, gave generously of their time assisting in the development of the interview schedule and the video taping of two group discussions, one with Polish ex-addicts in Detroit and the other with Italian ex-addicts in Providence. The Drug Abuse Council generously assumed the expense for the data processing of the interview responses.

The data was interpreted and the final report was written by members of the NCUEA senior staff. Susan Wilson Bynum was of particular assistance in developing the Discussion section.

Contributions were also made by Human Growth, Inc., of Providence, Rhode Island; by Elia Manetta of Baltimore, Maryland; and Les Wear of Detroit, Michigan, who conducted the field interviews.

This study, clearly exploratory in nature, will be of use to those in both the public and private sectors who deal with problems of drug use and abuse. In a larger sense, it is hoped the document will be taken into consideration by those responsible for the design and provision of all human services to such neighborhoods because we believe the study has strong implications for the methods of human services delivery systems in a pluralistic society.

—John A. Carlisi

Since its founding in 1970, The National Center for Urban Ethnic Affairs (NCUEA) has been actively engaged in advocacy for the ignored and neglected population of older industrial cities. NCUEA is involved in all phases of the neighborhood movement—the founding of community based organizations, building the capacity for neighborhood development and revitalization, promoting artistic, educational and cultural development, and transfering the insights and techniques which prompt civic renewal.

This NCUEA publication extends the NCUEA series of action/research reports which explore the significance of the ethnic factor for urban America. NCUEA trusts that an open discussion of painful issues will allow us to develop a wholesome society in which the needs of the individual are balanced with the purposes of the community. In this regard, our agenda and mission is to examine the ignored and neglected aspects of cultural diversity which are related to health, education, family, friends and language. NCUEA affirms the hope that thoughtful reflection on the perduring character of ethnic diversity will enable urban communities to clarify and to address important public policy questions facing America.

Dr. John A. Kromkowski
President
The National Center for Urban Ethnic Affairs

I. INTRODUCTION AND SUMMARY

Introduction

Despite recognition that all groups share universal human attributes, it is assumed in the designing of this study that there are differences among groups which should be carefully examined. From the clinical viewpoint ethnicity "is more than a distinctiveness defined by race, religion, national origins or geography. It involves conscious and unconscious processes that fulfill a deep psychological need for security, identity and a sense of historical continuity. It is transmitted in an emotional language within the family, and it is reinfoced by similar units in the community."[16]

One of the major factors that differentiate the populations included in this study is the ethnic identity of Italian and Polish-Americans. Although social class identities—as non-college educated blue and white-collar workers and residents of the inner city neighborhoods of the nation's older industrial areas—are similar, strong ethnic identity tends to differentiate the populations under study from the American population as a whole.

These specific ethnic identities accompany a life-style which is markedly different from those of other distinct groups in urban ethnic areas such as inner-city Blacks, Hispanic, Appalachian whites and Native Americans. These groups, although differing from each other, share some commonalities of inner-city life-styles as compared to the more affluent college-educated and less ethnically or racially identified residents of the suburbs.

The intrinsic meaning of ethnicity, class and neighborhood has always been in a dynamic state of change in our nation. Nevertheless, there appears to have been a continuity or tenacity of identity which has been surprising to many social scientists and public leaders. The neighborhoods selected for this study are examples of this continuity and are representative of hundreds of similar neighborhoods in older urban areas that have survived the massive post-World War II socioeconomic changes. Neighborhoods like these can be found in all of the industrial cities of the Northeast, Middle-Atlantic, Border and Midwestern states.

A recent phenomena which is of considerable importance is the development of independent local organizations in these neighborhoods. These groups have undertaken the responsibility for the revitalization of their areas, not only attempting to deal with physical and economic development, but also development in the social sphere. Major emphasis has been placed on health, education and social services which include services relevant to drug use and abuse.

It is in these organized neighborhoods with leadership and staff beginning to critically assess the effectiveness of services to their constituents that the factors of ethnicity, class and neighborhood can be best examined. A number of questions that were raised in NCUEA sponsored workshops for neighborhood representatives in the 1970's led to this research. The questions were:

- Is there rising drug use and abuse in white Southern and Eastern European ethnic working class neighborhoods?
- Are there cultural factors at work among the various ethnic groups that should be considered in the designing of prevention and treatment programs?
- Are the professions and the service systems sufficiently aware of such factors and are these factors included in the training and supervision of treatment staffs?
- Is the quantity of available service adequate to meet the need?
- Should experimental projects be undertaken in the neighborhoods to explore these questions more thoroughly?

This document attempts to address the first two questions, while also recognizing that the preliminary conclusions have major implications for the other three.

The research was limited and exploratory in nature. The sample was comprised of two ethnic groups, Italian- and Polish-Americans residing in three distinct inner-city sites.

The study was undertaken to develop a set of impressions, rather than strictly quantitative measures, concerning the extent of drug abuse in three ethnic neighborhoods. Local neighborhood-affiliated organizations, under the supervision of NCUEA and DAC staff, performed the data gathering interviews.

- Italian-Americans residing in the Federal Hill, Silver Lake and North End communities of Providence, Rhode Island were studied in collaboration with the Neighborhood Organization of Italo-Americans (NOI) and Human Growth, Inc. which served these neighborhoods, an area of 20,000 people, most of whom are of Italian descent.
- Both Italian and Polish-Americans in the southeast neighborhoods of Baltimore, Maryland were studied in collaboration with Southeast Community Organization, Inc. (SECO), an association of community groups serving an area of 90,000 people. Participants in the survey were drawn primarily from Italian and Polish-American subareas.
- The research on Polish-Americans from the Chadsey neighborhood of Detroit, Michigan, was conducted in cooperation with

Wayne State Community College and public and private institutional leadership from the Chadsey area containing 30,000 people, most of whom are of Polish descent.

Summary

The information collected during the interviews lent itself to both parametric and non-parametric data analytic techniques. The sample was divided by ethnic group and by users and non-users. The analysis compared inter- and intra-ethnic group differences.

In general it was found that:

- Based on existing data, neighborhoods that had a high degree of ethnicity, as measured by a standardized index, had a disproportionately high rate of arrests for drug possession and use.
- In both the Italian-American and Polish-American family, the child's positive feelings toward the parent were related to non-drug use.
- In both ethnic groups, behavior expected by the dominant parent was related to drug use. High behavior expectations of Polish fathers and Italian mothers were related to non-use. Drug users, on the other hand, felt that the non-dominant parent (Polish mothers; Italian fathers) demanded too much of them.
- In both groups, non-users have 1.0 fewer siblings than users.
- The use of a foreign language in the home was shown to be related to drug use. The strength of this relationship was not measureable.
- In both ethnic groups, school was viewed as being a negative institution by users. This was especially true for the Italian group.
- Italian users reported having an average of 8.4 friends, Polish users 6.7 friends, compared to non-users (from each ethnic group) of 4.0 friends. Most of the users (92%) said that a friend had turned them on to drugs.
- There were significant differences in the change in personal feelings when using drugs between users and non-users and between ethnic groups.

The recommendations include strategies to incorporate ethnicity, community and family in prevention, intervention and treatment methods. The importance of community participation is emphasized in the development and implementation of any program. Special emphasis was placed on programs which heighten individual self-awareness, leading to an appreciation of others and programs which help the individual deal with a multiplicity of problems.

II Ethnic Families and Neighborhoods

Ethnic characteristics tend to be reinforced and expressed to a greater degree by the prevailing group in neighborhoods with high ethnic homogeneity. Previous studies showed that in spite of widely differing geographical locations, ethnic factors were consistent among Poles of different cities and similarly among Italians. Certain general neighborhoods' characteristics emerged from the data on both ethnic groups, as shown on Table 1.

Table 1
Characteristics of Polish and Italian Ethnic Neighborhoods

Polish	*Italian*
Patriarchal Family Structure	Matriarchal Family Structure
Strong Church Affiliation	Moderate Church Affiliation
Predominant Blue Collar Worker	Predominant Blue Collar Worker
Presence of Foreign Language	Presence of Foreign Language
Modest Family Income	Modest Family Income
Average Female Labor Force	High Female Labor Force
High Non-Public School Enrollment	High Public School Enrollment
High Owner Occupied Housing	Low Owner Occupied Housing
High Residential Stability	High Residential Stability

In general, these two ethnic groups show convergence in occupational identity, use of foreign language, family income and residential stability. Divergences suggest that attitudes toward neighborhood institutions (primarily educational and religious), patterns of authority, home ownership, and female employment differentiate Polish and Italian working class neighborhoods. Areas of convergence and divergence may well have implications for the etiology of drug abuse as well as for prevention and treatment modalities that might be employed.

Description of the General Ethnic Population

The neighborhoods in which Southern and Eastern European populations live are generally characterized by the following (all figures based on the 1970 Census unless otherwise noted):

- A high rate of religious (Roman Catholic) homogeneity compared to surrounding areas.

- Concentration of other white ethnic groups of different religions, primarily Eastern, Russian and Greek Orthodox, Jewish in some areas and, in recent years, large numbers of white Appalachian Baptists.
- A cultural link to the religion, values and mores of the original immigrants stock.
- Close geographic proximity to the inner-city Black neighborhoods.
- A level of income averaging 15.3% below that of the Standard Metropolitan Statistical Area (SMSA) but 34.5% above the adjacent Black areas.
- A median education level of 10.4 years compared to 11.9 for SMSA and 9.6 for the adjacent Black population.
- The highest rate (77.5%) of housing built before 1939.
- A 43.4% rate of owner occupied housing compared to 57.4% for the SMSA and 27.8% for the nearby Black population.
- A significant neighborhood stability as evidenced by the highest percentage of people residing in their neighborhood since 1949 or earlier and high rate of elderly, widowed or divorced individuals.
- High rates of blue collar, and low rates of white collar and government employment.

In this framework of the older, stable neighborhood, the American dream of ever expanding economic and social opportunities has traditionally been fostered. However, the belief that our society would be able to continue to provide these opportunities for young people has seriously been shaken, as has been revealed by innumerable attitude surveys during the past several years. The social institutions which sustained millions of white ethnic working class youth prior to the 1960's are being seriously questioned. Inner-city neighborhoods are reassessing the value of the schools, political affilations, church and labor organizations upon which they have traditionally relied.[3]

This growing cynicism has been clearly documented. A major five-year trending analysis found that the alienation which affected the college youth of the 1960's had now become the condition of the non-college youth of the 1970's.[2] It appears that this trend has been building since 1971. Some studies[3] have documented that working-class whites have among the lowest hopes for the future of all American socio-economic groups. These findings preceded the sense of frustration generated by the events of Vietnam, Watergate and high unemployment rates.

In the framework of this building frustration, the basic family structure which sustained many first and second generation immigrants has been severely strained. The entire fabric of community life has been stretched to reveal several extremely thin, and even some dramatically torn, areas.

Within this fabric there thrives increasing anti-social and personally destructive behavior. To examine one such manifestation of this behavior, drug use and abuse, the study team first looked at existing information and then interviewed some users and non-users.

III DATA COLLECTION

Existing Data

The first phase of the data gathering effort was to determine what information was already in existence concerning the drug abuse problem in each of the specific areas. Due to a paucity of information, which could be directly tied to neighborhoods, from other sources, police records were used to estimate the extent of the problem.

The SECO area of *Baltimore* contains the highest ethnic homogeneity in the city. The most homogeneous tracts had the highest rates of drug arrest within SECO and had among the highest rates in Baltimore City. SECO's least homogeneous ethnic tracts were among the tracts lowest in incidence of drug abuse arrests.

Further, the findings from existing records indicate a rise in drug use in late adolescent and early adult groups. Drug related arrests in the SECO neighborhood of Baltimore for the first half of 1973 emphasize the concentration of usage in the 18-21 year old age group, as shown in Table 2:

Table 2

Drug related arrests by age group in the SECO area of Baltimore in the first half of 1973.

AGE GROUP	*NUMBER OF ARRESTS*
Under 17 yrs. old:	17
18-21 yrs. old:	123
22-25 yrs. old:	49
26-29 yrs. old:	22
30-33 yrs. old:	14
34 yrs. old and more:	13

Reported arrests in the SECO area for possession or use of drugs totalled 377 during the first half of 1973. Number of arrests by drug were: marijuana, 145; glue sniffing, 71; barbiturates, 50; narcotic distributing, 34; narcotic paraphanalia, 21; amphetamines, 15; heroin, 14; L.S.D., 12; all others, 15.

The existing data also show that in the SECO area hospital emergency room admissions for drug abuse increased from 49 during November, 1969 to 83 during October, 1970. Unfortunately, more recent information was not available at the time of the study.

In *Detroit*, too, existing data was not up to date. Through contact with the Wayne County Community Mental Health Association our field investigator in Detroit determined that a 23% increase in drug related

arrests occurred in the Chadsey neighborhood from 1971 to 1972, while the city of Detroit experienced a 12% decline in this category. The difference between the Chadsey neighborhood and the city for this period is therefore an alarming 35%.

In 1972 the Narcotics Bureau began reporting on the number of drug related arrests in high schools in Detroit; in 1972 this number was 500. The field interviews of high school students, including a videotaped session with six known drug users in the Chadsey area, seems to point to a dramatic increase in drug use among high school students, especially in Chadsey High School. In the three cities, the heavily Polish Chadsey area of Detroit is perhaps the sample neighborhood offering the fewest services.

Providence, the most ethnically homogeneous of the cities, is also the city with the highest drug abuse problem. The NCUEA consultants in Providence report that in the Federal Hill neighborhood:

> The State Attorney General's Office Research Department, was able to inform us that in late 1972 and early 1973 there have been 40 defendants with a total of 105 drug or drug related charges arrested. All were white and about 90% were of Italo-American heritage. These arrests all took place in census tracts 19 and 20; more than 70% in census tract 19. This tract is at the lower end of Federal Hill and according to police reports there has been and is an out-migration to the Annex for drug purchases and meeting places. All persons arrested were over 18, but under 25 years of age, the mean approximately 20 years of age.

Development of New Data

Due to the impressionistic nature of this study, it was decided that a limited number of extensive structured interviews would better serve information gathering purposes rather than a large number of more superficial, anonymous questionnaires. The purpose of the interviews was to determine if there were differing attitudes toward ethnic identity among users and non-users of drugs. These interviews were not meant to assess prevalence of drug abuse. A total of 66 interviews were undertaken in the three cities: 22 in Baltimore, 21 in Detroit and 23 in Providence. A 123-item interview guide was administered by local staff to each of the interviewees. Names of individuals were known to the field teams but no names were supplied to NCUEA or DAC staff.

The sample was selected from a known population within the com-

munity and from local treatment programs. The distribution of father's ethnicity and drug usage is:

Table 3
Ethnicity of Father and Use of Drugs
by Respondents

Father's Ethnicity	User	Non-User	Total
Italian	17	17	34
Polish	21	11	32
Total	38	28	66

There were 47 males and 19 females in the sample, 29 males (62%) and 9 females (47%) were classified as drug "Users." The mean age of drug users varied in the different cities. Of the neighborhoods surveyed, the Chadsey area of Detroit appeared to contain the youngest and newest drug using population (average age 17 years), Providence the oldest drug users (average age 21), and Baltimore fell into the middle group (average age 19).

Because of the selection process employed, the Polish sample tended to use marijuana while the Italian tended to use heroin. As might be expected, the Polish "user" exhibited very little difference from the Polish "non-user" in attitude and behavior; the Italian "user" tended to be markedly different from Italian "non-users", Polish "user" and Polish "non-user". However, it cannot be concluded from this study that Poles are primarily marijuana users and Italians are more heavily involved with heroin, since the subjects who comprised the sample were not randomly selected.

IV. RESULTS

The analysis of the data was conducted by using both non-parametric (primarily chi square) and parametric statistical tests for those variables which were judged to be significant after an initial series of frequency distributions. The interview sample was divided into four analytic cohorts based on the distribution shown earlier in Table 3:

Group	*Number*
Italian Users	17
Italian Non-users	17
Polish Users	21
Polish Non-users	11

Analyses were usually conducted both within and between ethnic groups using varying levels of significance. Five major areas of relationships were uncovered in the course of the analysis:

- Role of parents
- Use of a foreign language in the home
- Number of friends
- Role played by school
- Feelings when using drugs

Each of these will be detailed in the following sections.

Role of Parents

Several tentative findings regarding family roles in relation to drug abuse emerged from the study. Specific differences in parenting roles, which have implications for treatment of drug users, were identified between the two samples. An interpretation of these differences will be of importance to indigenous counseling agencies, churches and schools.

Research findings suggest that Italian families tend to be matriarchal whereas Polish families tend to be more patriarchal. Also, the data strongly indicate the importance of positive parental influence in both ethnic groups as it pertains to non-drug use. This is particularly true in the case of perceived parental role compared with expected parental role.

- On the question of "decisions," the findings indicate that fathers of Polish non-users are seen as making more "decisions" in the family than mothers. Fathers of Polish drug users are seen as making fewer decisions than mothers. The perception of Polish fathers as decision making authority figures seems to relate to non-use.

- This process also holds true for Italians, but in this case the mother is dominant. Italian drug users perceived a more significant percentage of fathers as making the "most decisions" with mothers receiving fewer responses. Conversely, perception of Italian mothers as decision-making authority figures appears to relate to non-use
- All groups agreed that mothers had the "most respect" in the family with the exception of Polish non-users, who believe by substantially higher percentages that fathers held the "most respect." What this indicates is a positive relationship between respect for expected dominant parent role and non-use.
- Each of the four groups identified themselves as being closer to their mothers than their fathers. With "1" being equal to very close, closeness to father was ranked at 2.53 while mothers were ranked at 1.87. However, while Italian non-users ranked their closeness with their mothers at 1.53, Italian users ranked 2.81, a difference statistically significant ($p < 10$).

Parental criteria for judging their children's behavior is markedly different between Italian and Poles and may be reflected in drug use.

- In seeking the answers to the question "what does your mother/father expect of you," fathers of Polish drug users were perceived to have lower expections of "behavior" than fathers of Polish non-users. Polish mothers of drug users had significantly higher expectations for "behavior" than Polish users' fathers. Thus, it may be that there is a relationship for Poles between low paternal expectation and high maternal expectation of "behavior" with drug use
- Italian mothers of non-users were perceived to have higher expectations for their children in a combinations of two categories, "employment/education" and/or "employment/education/behavior," far more than Italian mothers of drug users. They also expect more in these areas than Italian fathers of non-users. Italian mothers and fathers of non-users had lower expectations of "behavior," than parents of Italian users. The significantly lower expectations of "behavior" from Italian parents may be related to non-use.
- Polish drug users believe mothers' "expectations are too much" compared with fathers by a ratio of 2 to 1. A speculation based on this finding is that Polish users would be more tolerant of fathers' expectations in that the exertion of paternal influence is more culturally acceptable.
- Italian drug users believe fathers' "expectations are too much" compared with mothers 2 to 1. This finding suggests Italian users are more tolerant of mothers' expectations in that the exertion of

maternal influence is more culturally acceptable.

- Contributing to a sense of distance from parents, the Italian user agrees less (2.65) with the statement, "I accept my parents for what they are" than the other three groups (2.00). This difference is statistically significant ($p < 02$).
- Of 43 respondents, both users and non-users, 17 (40%) indicated that someone in their family had used drugs prescribed for somebody else. 56 of 63 respondents (89%) indicated that some member of their family had used medication (tranquilizers, pep pills or sleeping pills) prescribed by a doctor.

Combining the data for both groups, non-users have 1.0 fewer siblings than users. This indicates a possible correlation between smaller families and non-use. The implication of the findings is that parents have more time to fulfill needs and offer guidance to their children.

Foreign Language

For both the Italian and Polish sample there was a significant relationship between the reported use of a foreign language in the home and drug use. The following table shows the distribution and the Chi-square statistic.

Table 4
Use of foreign language in the home and drug use

Foreign language used in the home	Are drugs used Yes	No	Total
Yes	29	15	44
No	9	13	22
Total	38	28	66

$\chi^2 = 3.75$ ($p < .07$)

Although the question was asked, the size of the sample did not permit any statistical interpretation as to whether the frequency of use of a foreign language in the home or the respondent's use of a language was correlated with drug use.

School

The interviewees were asked several opinion questions concerning the role school played in their lives. A score of "1" indicates strong agreement with the statement, "5" indicates strong disagreement. There were no significant statistical differences (as measured by the t-test) except for the following:

- When asked if they agreed school was interesting, Italian users ranked 3.44 (disagree), while the other three groups averaged 2.16 (agree). This difference was significant ($p < .10$).
- When asked how they felt about the statement that school was as important for both women and men, Polish non-users ranked it 1.30 (strongly agree) versus a rank of 2.13 (agree) for the other three groups. This difference was significant at ($p < .01$).

Thus, school as an institution, may be unacceptable to ethnic users of heavy drugs, which is typical asocial behavior. Polish non-users on the other hand may see school as a potential sex role equalizer.

In addition, there seems to be a relationship between drug use and anti-social behavior in school for both groups of users but especially for Italian users. Significant Chi-square statistics were calculated for repeating of grades and expulsions related to use and non-use of drugs. Table 5 summarizes the results of these calculations.

Table 5

Chi-square statistics calculated for ethnic subsample based on repeating grades or expulsion from school. Users vs non-users

	Chi-square statistics	
	Repeat Grades	**Expelled**
Italian Sample	4.30	7.53
Polish Sample	1.56	3.74
Total Sample	5.91	9.83

Friends

Of considerable interest is the finding that both the Italian and Polish users reported larger numbers of friends than their non-user counterparts. Both Polish and Italian non-users reported having an average of

4.0 close friends while Italian users reported an average of 8.4 and Polish users 6.7. In addition, both groups of users reported getting together with friends 5.1 times per week as opposed to non-users 3.5 which has statistical significance ($p < .01$).

Another interesting finding is that 65 of the 66 respondents (98%), both users and non-users, indicated that they knew someone who uses illegal drugs. Friends were named, either singly or in combination with family members and others, 60% of the time.

Of the 38 users, 35 (92%) said that a friend first turned them on to drugs. 24 of the friends (63%) were of the same nationality of the respondents; 55% were the same age and 42% were older. 27 of the users (71%) said they buy drugs in their own neighborhood.

Feelings when using drugs

Drug using respondents were asked how specific feelings changed when they used the drugs they liked most. Table 6 presents the aggregated score for each "feeling" listed; rank of "1" is equated to "Much More," "5" to "Much Less."

Of the 17 Italians, primarily heroin users, and the 21 Polish, primarily marijuana users, no statistically significant differences were recorded in eight of the eleven categories. However, there were differences in three important categories: Sex, Religion, and Loneliness.

The difference in feeling "Sexy" in which the Italians' reactions change less than the Polish, is probably a combination of physiological and psychological states. Research indicates that heroin, the predominant drug in the Italian sample, tends to lower libido to a greater degree than marijuana, the primary drug used by the Polish sample; thus it is difficult to differentiate pharamacological from the psychological effects.

The Polish users reported changes which made them feel less "Religious" than the Italian users. This may possibly be related to a more intense religious involvement of the Poles initially. The anxiety generated in Polish users by taking drugs may cause wider mood swings than those experienced by the initially less-religious Italian drug user.

Italian users also reported changes which were much less "Lonesome" than the Polish users which may reflect different levels of gregariousness in the two ethnic samples. The Italian heroin user may have identified a more cohesive group within his own society than the Polish marijuana user.

Table 6
Feelings reported with drug users likes most

Feeling	Aggregate Score: Italian User	Aggregate Score: Polish User	Difference	t-Test (1)	Significance
Strong	2.588	3.143	(0.552)	1.432	N.S.
Creative	2.529	2.095	0.434	1.294	N.S.
Happy	1.706	1.809	(0.103)	0.361	N.S.
Aggressive	2.235	2.476	(0.241)	0.669	N.S.
Sexy	2.941	2.238	0.703	1.937	p<.10
Ignorant	3.529	3.429	0.100	0.289	N.S.
Relaxed	1.765	1.619	0.146	0.463	N.S.
Outgoing	2.235	2.143	0.092	0.278	N.S.
Energetic	2.882	2.905	(0.023)	0.061	N.S.
Lonesome	4.176	3.476	0.700	2.344	p<.05
Religious	3.059	3.619	(0.560)	1.980	p<.10

(1) 36 degrees of freedom

V. DISCUSSION

Introduction

The current study, being exploratory in nature, is subject to limited interpretation. However, it does clearly point out that certain, culturally determined personal factors which are coincident in drug use in one white ethnic group may not be relevant in another. The basic thesis proposed here is that for treatment to be effective, drug treatment professionals must take into account not only the obvious components of the clients' personality but also his/her ethnic identity. White ethnicity, which until now has been largely ignored, will be an especially important factor for treatment providers to consider because current evidence shows that the gap in usage rates, which existed between non-white and white populations in the past has been closed—primarily by whites rising to non-white rates.

Recent studies have heralded the fact that drug use is not spreading as fast as it once did and consequently downplay the extent of the problem. In "Monitoring the Future," Dr. Lloyd Johnston said, "for all illicit drugs except marijuana there has been practically no change in usage levels over the past year. The levels we observe among this year's high school seniors, and last year's are almost identical. Normally, such findings would seem rather unimportant; but because this stability stands in such marked contrast to the meteoric rise in drug use among American young people over the previous seven year period, it *is* notable.

However, to say that use of these more serious illicit drugs may have stabilized is not to say that an inconsequential number of young people are involved. Quite the contrary, by the time they left high school, nearly 60% of this year's seniors had used some illicit drug at least once; one in three had used an illicit drug other than marijuana—such as amphetamines, psychedelics, cocaine or narcotics—and more than one in five had gone beyond experimenting with one of the more serious drugs."[11]

This current ethnicity study points to an important dimension of the way drug abuse is spreading: it has broadened from its ghetto base into ethnically homogeneous communities which had previously seemed impervious to drugs. Drugs are not only being used in these neighborhoods but their use is escalating at an alarming rate.

The ethnic solidarity of these white, working class, Eastern and Southern European communities, instead of providing a barrier as it once did, seems to attract the problem of drugs at rates that are approaching, if not surpassing, the prevalence of less homogeneous communities. As evidence of this trend, a nationwide study of marijuana use shows that

while among older users the incidence among Blacks was greater than among whites; among youths born in 1953-54 the incidence was the same for both groups.[16] Studies show further that the gap is closing with all drugs.[19]

While there is no evidence that ethnicity in itself is a causitive factor, both the findings regarding increased incidence in ethnic neighborhoods and the results of the interviews with users and non-users make it clear that cultural factors play some role relative to the invasion of drugs and increasing usage in combination with other factors. The introduction to the study suggests some of the socioeconomic reasons why these communities have become vulnerable. Whatever the etiology, given the fact that they are fighting the drug problem, the importance of this study is in the implications it has for white ethnic communities' prevention, intervention and treatment programs for their youthful populations.

The issue of ethnicity as it relates to drug abuse has not been studied extensively, and in those studies that have been done the extent to which other socioeconomic and psychological factors may also affect the findings is not always clear. Nevertheless, there is ample evidence that ethnicity is a considerable factor. A study of New York State high school students showed significant differences in type of drugs used by Blacks and Whites and significantly different patterns of use among Hispanic and American Indians. Orientals had dramatically lower rates of use than any other group in the study.[12] Another study indicated that first generation children of minority immigrants had a higher risk of hospitalization for addiction than any other group.[18] Other studies have shown the relationship of ethnicity and social class to mental health in general.[5]

A number of scholars have stressed the influence of social and cultural environment on normal and deviant behavior.[11] Others suggest that responses to health, illness and treatment differs with ethnic group membership.[13,14] Relating mental health to class, other findings indicate that social class is an important factor both in the life situations it creates and the means by which individuals relate to it, cope, seek and get help.[10]

Joseph Giordano clearly emphasizes the significance of ethnicity in mental health and points out that it is nonetheless ignored, if not denied, by mental health professionals.[15] These many indicators point directly to the importance of ethnic and cultural considerations in developing programs which purport to serve the urban working class communities of white ethnics. In the past, many of these programs have failed for reasons relating both to socio-economic factors and the more varied and also specific nature of the cultural environment, value system, interpersonal interactions and socialization which characterize ethnic subgroups.

Relating these findings to the study, and to the fact that drug abuse has spread to white ethnic communities, suggests that previous and

present efforts at drug education, prevention and intervention have been unsuccessful. Treatment, too, has lagged far behind early predictions of success. This agglomeration of facts gives little reason to think the existing prevention and treatment methods will become effective with a new group of young people from different backgrounds, unless significant changes are made in the approaches so that the programs meet the needs of each specific community. The experience of the New York State Narcotic Addiction Control Commission (NACC, later DACC, now ODAS) for example showed, among other things, that a generalized approach worked for very *few* people.

If the presence and continued increase of drug problems indicate some kind of deterioration of ethnic community solidarity and portend the emergence of a new group of drug abusers—the white ethnic adolescent—then it follows that dealing with ethnic and cultural factors will be an important feature in helping troubled young people.

Recognition of this dynamic was given in the conference in May, 1976 sponsored by the White House and the National Center for Urban Ethnic Affairs to discuss the revitalization of neighborhoods. As a result of that conference, based on the recommendation of the participants, President Ford established an office to administer, promote and monitor the interest of ethnic groups. The comment of the participants, from the President on down, made clear the importance to the nation of dealing with the problem of urban ethnic neighborhoods, recognizing cultural difference and working closely *with* the people of the neighborhoods to bring about the changes in the ways which they feel they should be done.[14]

Ethnicity is being recognized not only as a mobilizing point for neighborhoods, but also as an important factor in personality development. Furthermore, as Glazer and Moynihan point out, many people now "insist on the significance of their group distinctiveness and on new rights that derive from their group character." And they say further, "Different groups *do* have different norms. In the most natural way the unsuccessful group has the best chance of changing the system if it behaves *as a group*. It is *as a group* that its struggles become not merely negative, but positive also, not merely against norms of some other groups, but in favor of the already established norms of its own."[7]

Program Implications

The implications, organizationally and clinically, point to the importance both of including ethnic considerations in the prevention, intervention and treatment of drug abuse and also of involving the community in these processes. For those who develop prevention, intervention and treat-

ment programs, the implications are clear that they must take into account the ethnic and cultural differences of the people they hope to affect if their impact is to be positive. In his testimony to the select committee on the Mental and Physically Handicapped, Joseph Giordano, now director of the National Project on Group Identity and Mental Health, summarized the role ethnicity plays in mental health processes:

"1. Ethnicity and ethnic identity have been generally ignored as having significant influence on mental health of Americans.
2. There are marked differences in how various groups perceive and use mental health services.
3. When mental health practioners are unaware of the differences in emotional language, family symbolism and the variation of family roles, the quality of treatment is likely to suffer. His own cultural background may differ radically from that of the patients or family, producing a variety of distortions.
4. There is a wide inequality of mental health services that are given, depending both on class and on ethnic differences. Suffering from the same illness, those in lower classes are more often hospitalized and treated with pills and electro-convulsive therapy than middle and upper classes, who receive psychotherapy.
5. Numerous studies have indicated that many working class ethnic communities are drastically underserved in terms of their mental health needs. Family breakup, alcoholism and addiction, youth disorganization—and more "normal" needs such as counseling, emotional support during adolescence and experience toward personal growth and self-development—These are generally not dealt with adequately by mental health agencies in working class communities.
6. The current mental health systems are fragmented and uncoordinated. This results in duplication and service gaps in needed services."[6]

Giordano illustrates, from his experience as a regional director of the New York City Department of Mental Health and Mental Retardation Service, the diversity of people—Hassidic, Greek, Italian, Polish-Slavic—who felt their needs could not be met because of the failure to deal with some aspects of their ethnicity. And he adds:

"Further, the implications of these findings are significant. Our mental health systems are *not connecting with the majority of working class people in need*, and, as a result, we are finding a 'backlash' in communities like Rockaway, Long Beach, Buffalo and many cities across the country. This reaction is being expressed by greater resistance toward community addiction center, nursing homes and residential facilities for psychiatric patients. It is not because these communities do not care

about their sick members, but that we have in some cases imposed structures that are out of tune with the life style of the community residents."[6]

Prevention, Intervention and Treatment Programs

The interviews in this study with users and non-users of illicit drugs point to important differences in the ways in which they perceived or related to their families, school and their friends. These findings parallel a study of nearly 10,000 junior and senior high school students in ten cities across the country which noted that users "probably do not relate as well to parents, school authority in general or the church."[2] The salient point, however, as suggested by the findings of this study, is that the *ways* in which users do not relate to parents, or more specifically, to the father or the mother, differ in significant measures according to their ethnic background. Another study which compared the perception of paternal response by Black and White ethnic users and non-users showed that the difference between Blacks and ethnic Whites in range of emotional response was greater than the difference between users and non-users of the same ethnic group.[4]

The preponderance of evidence favors the inclusion of considerations of ethnicity in dealing with either the strengths or weaknesses, but especially the latter, of individuals and communities. This leads to a further issue: How are matters of ethnicity dealt with so that they enhance a positive process or encourage a positive outcome that is the healthy growth and development of adolescents and the concommitant prevention or cessation of drug abuse?

This task must be undertaken in coordination with the community, the neighborhood it hopes to serve. The experience of the NCUEA, in concordance with what Mr. Giordano cites regarding growing resistance to structure imposed from the outside, demonstrates that effective change can be brought about when community groups, leaders and other individuals are involved in planning, developing and implementing new services or systems. Their participation is indispensible when one of the stated needs of such programs is to be finely tuned to the cultural and ethnic qualities of the neighborhood and to reflect them in the services provided.

The question then becomes how can neighborhoods be helped to develop effective prevention, intervention and treatment programs? Who must be involved and how? And what kind of program elements will

enable the services to be effective? Some answers are suggested in models which have been developed and tried in various parts of the country.

In the area of prevention and intervention, several models have moved from initial attempts to deal solely with the "drug problems" to a wholistic approach to the development of adolescents. The Peer Group Leadership Program in New York City High Schools has this underlying philosophy. By training a core group of students who work closely with two advisors, they are able to reach out to interested or troubled students and help them learn skills for coping with a multiplicity of problems.

Similar thinking has been clearly articulated by Glenn and Warner in the *Developmental Approach to Preventing Problem Dependencies* which describes the predicament of young people. Tremendous technological advancement and a meteoric population shift to urban centers have dramatically changed the life-style which in previous generations accounted for the personal development of the child. Urban systems fragment and make this development—which resulted primarily from personal family interaction—difficult at best and mediates against it under most circumstances. The result is that almost one third of all adults over 18 are receiving some sort of mental health services.[8]

The solution lies in enabling those developmental processes to take place by providing specifically for them. "Drug education must go beyond facts of illicit drugs and prepare a person (including medical practioners) to be a *careful* and sophisticated user of licit substances, capable of *making good judgments* and thereby avoiding crisis, both medical and legal.

"At the same time, such educational activities must be supported by primary prevention activities that focus upon attitudes, values and developmental characteristics of the individual. Briefly stated, primary prevention consists of activities in the home, school and other institutional settings, peer group and community, that provide opportunities and support for the developmental goals outlines . . . ."[8] Glenn suggests that traditional community structures—churches, youth programs, families—adapt and enable themselves to work in such a way with their young people. For example, they might initiate "shadow leadership" in youth programs where the young hold the responsibility and adults stay in the shadow to keep things on the course; "Family Home Evening" programs, coordinated through a church, in which each family sets aside one night a week for discussion, recreation, learning and each member has an opportunity to feel his or her importance to the group; and existing community groups might gain a better understanding of the human developmental process with the help of mental health professionals so that they can incorporate approaches to these processes in existing programs.

Another innovative program, The Group School in Cambridge, Mass., also speaks to developmental and cultural issues. A curriculum had been carefully formulated for working class children to focus on the nature and importance of their own neighborhoods, their specific heritage, their cultural background. A particular strength of this program is that it encourages young people to become curious about their backgrounds, which the individuals may have thought shameful in the context of the larger society, as a first step in developing a sense of self. Furthermore, it assumes that there will be diversity of cultural backgrounds among the students, so it deals with working class communities within a range of personal differences while simultaneously taking into account differences that students see between themselves and their parents. Thus, the curriculum design works to develop both self-awareness and an awareness of the similarities and differences of others.[9]

That both goals be achieved is most important. The development of ethnic pride as a part of one's identity should broaden and help bring perspective, not narrowness or the encouragement of bigotry. As Abigail McCarthy put it, "I cannot be anything but moderate or marginal in my ethnicity without denying or degrading people with whom I share physical heritage. This must be true of millions of Americans." It is perhaps in recognition of this that Msgr. Geno Baroni, who had dedicated himself to urban cities, said in a recent statement 'that it was necessary for all Americans to be sure of their identities."

The system pioneered by the NCUEA for developing ethnic/community models provides a tested means for enabling a community to deal with their own problem. By developing an Ethnic Neighborhood Drug Council (ENDC), a basis for support and cooperation is established in the neighborhood, so that instead of neighborhoods organizing against drug treatment programs brought in from the outside, they organize from within to develop programs to meet community needs. Thus, the programs gain legitimacy and community acceptance and, more importantly, reflect in many ways the specific nature of the community.

This process is begun by bringing together community-wide leaders in training sessions designed to move toward a factual understanding and assessment of the community drug problem and possible solutions. At the same time, the training fosters group process among leaders in the context of examining personal attitudes, values, etc., and helps them begin to learn about the developmental processes that lead to maturity. This procedure, which has been used in several New England communities, has proved effective in building a sound awareness of program philosophy as well as team cohesiveness among neighborhood project leaders. These strategies in turn can be applied to the training and development of program staff, the coordination of the network of com-

munity young people, as a means of insuring the programs' viability, appropriateness and efficacy.

In summary, the findings of this survey suggest that for ethnic communities to effectively deal with the prevention and treatment of drug abuse, programs taking advantage of existing community resources must be developed based on community wide leadership and support, and incorporating the elements which clearly reflect the special needs of the ethnic populations they are to serve.

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